

Section 17

SOCIAL AND ECONOMIC IMPACT OF ORAL DISEASE

17.1 Work days and school days lost due to oral disease

Oral diseases can affect individuals, their family, the community, and society as a whole. Oral health problems can affect a person's ability to maintain a job or get promotions. They can also contribute to lowered academic achievement and goals. These effects have increased likelihood when a deformity due to the oral health condition is involved (Hollister & Weintraub, 1993; Reisine, 1989). Families may be affected if an individual cannot perform household functions or play his or her usual role in the family due to an oral health condition. Since some population groups bear a heavier burden of oral disease than others, the effects on these communities may be more pronounced than on the population as a whole.

Little research has been done on the indirect costs of oral health as measured by productivity. The total time lost from work due to oral health care is associated with previous time lost, low income, being non-white, having poorer oral health, and having greater treatment need (Reisine, 1989). In a study by Reisine and Miller (1985), preventive visits accounted for most episodes of work absence, but resulted in the fewest hours of work time lost. Also, findings suggested that those in lower socioeconomic classes delayed treatment until the symptoms were severe and thus needed more time from work because of greater treatment needs (Reisine & Miller, 1985). On an individual level the consequences of work loss are trivial, but as an aggregate the impact on indirect costs to the nation can be enormous.

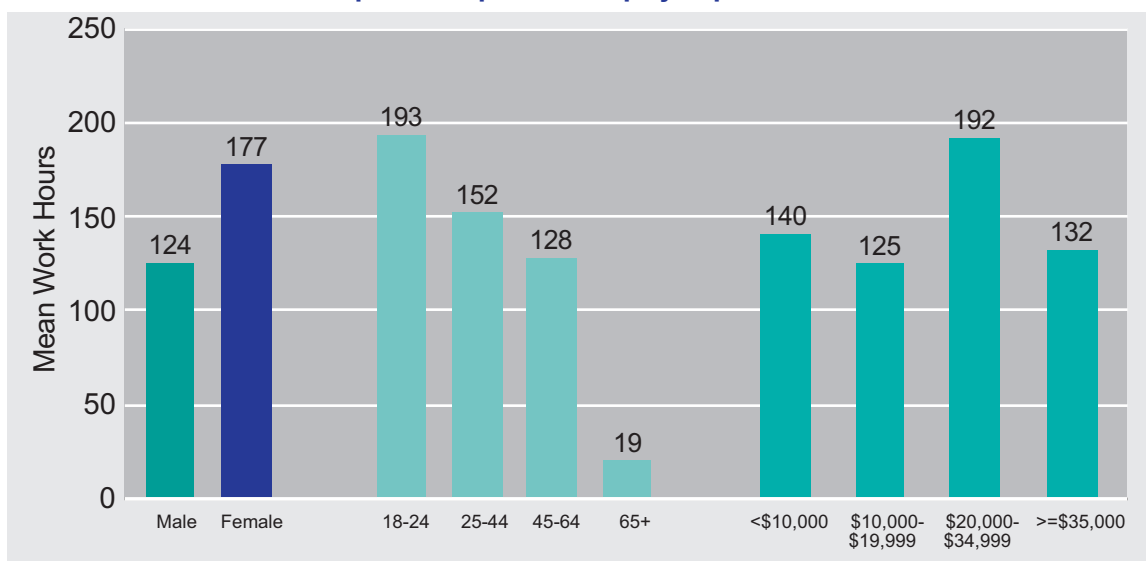
SOURCE OF DATA

Analyses reported here, drawn from Gift et al. (1992), are based on data from the 1989 dental care supplement to the National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.

Work hours lost due to dental visits or oral health problems

- Approximately 164,179,700 hours of work were lost in 1989 by employed persons in the United States as a result of a dental visit or problem, with an average of 148 hours lost per 100 employed persons.
- Females were more likely than males to have missed work hours (Figure 17.1.1).
- Those in age groups younger than 65 years missed more work hours than those 65 and older (Figure 17.1.1).
- On average, persons with incomes from \$20,000 to \$34,999 were more likely to have missed time from work than were persons with lower or higher incomes (Figure 17.1.1).
- Among those who missed some work time, females, blacks, and those aged 18 to 24 years, with less education, with lower income (<\$35,000), and without dental insurance missed a greater number of hours.
- Comparing the time lost from work among various occupations, executives lost the fewest work hours while service workers lost the most hours (Figure 17.1.2).

Figure 17.1.1. Mean work hours lost due to dental visits or oral health problems per 100 employed persons



Source: Gift HC, Reisine ST, Larach DC. The social impact of dental problems and visits. Am J Public Health 1992;82(12):1663-8. Copyright © 1992, by the American Public Health Association.

School hours lost due to dental visits or oral health problems

Approximately 51,679,100 million school hours were missed annually by school-aged children due to a dental problem or visit, with 117 hours missed per 100 children.

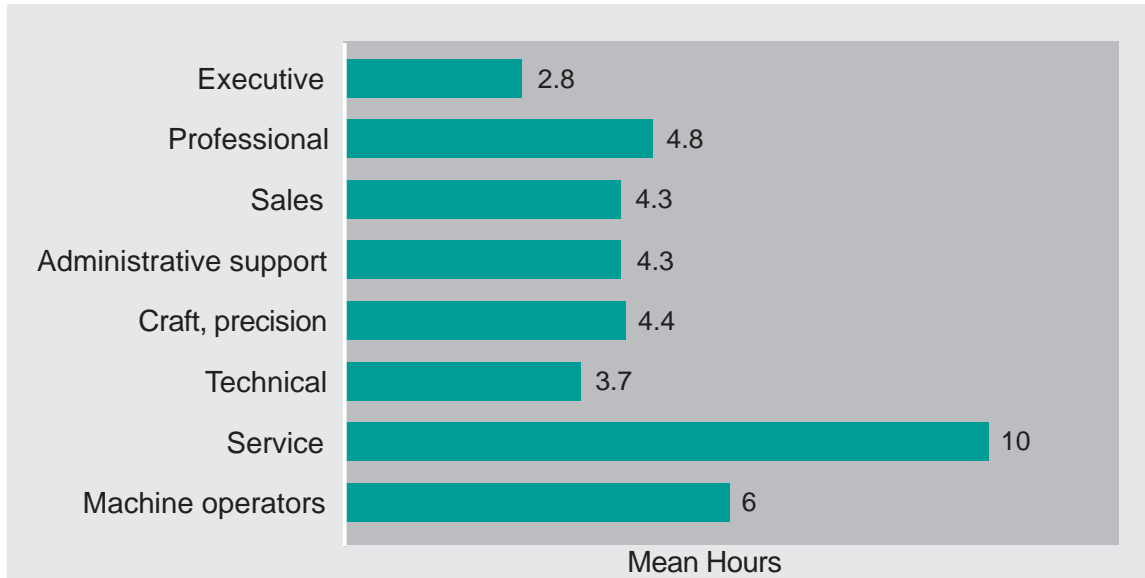
- Females missed more hours than males (Figure 17.1.3).
- White children missed more hours than blacks (Figure 17.1.3).
- Mean hours missed increased with age (Figure 17.1.3).
- When considering the hours missed only among those children who experienced missed hours, females, Hispanics, those with income less than \$35,000, and those without insurance appear to have missed more hours (Figure 17.1.4).

Bullets reference data that can be found in Tables 17.1.1, 17.1.2, and 17.1.3.

REFERENCES

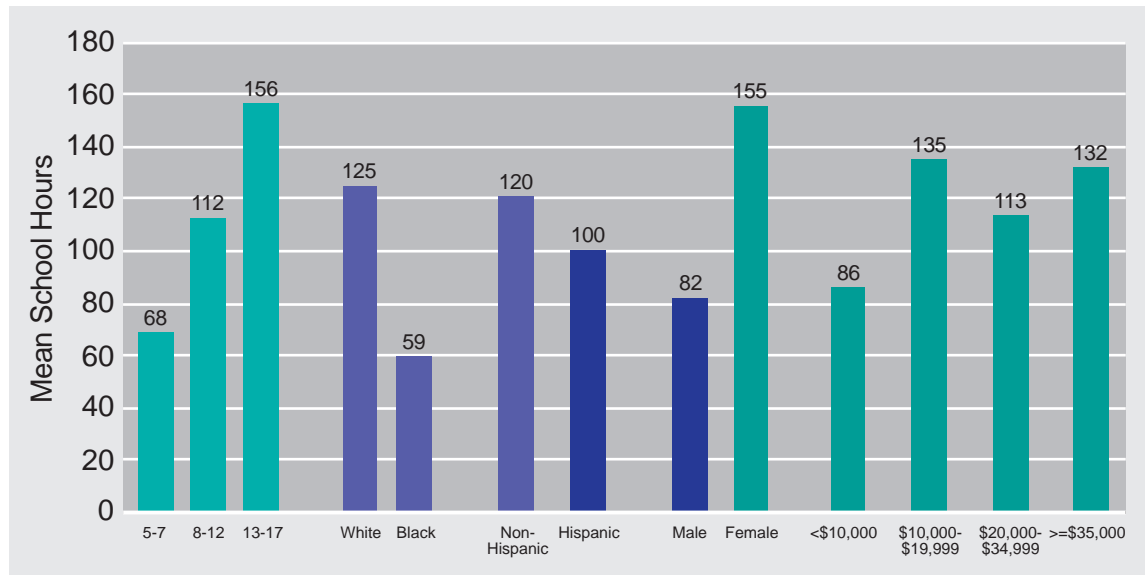
- Gift HC, Reisine ST, Larach DC. The social impact of dental problems and visits. Am J Public Health 1992;82(12):1663-8.
- Hollister MC, Weintraub JA. The association of oral status with systemic health, quality of life, and economic productivity. J of Dent Educ 1993;57(12):901-12.
- Reisine ST. The impact of dental conditions on patients' quality of life. Comm Dent Health 1989;17(1):7-10.
- Reisine ST, Miller J. A longitudinal study of work loss related to dental diseases. Soc Sci Med 1985;21(12):1309-14.

Figure 17.1.2. Mean number of work hours missed by those with missed hours due to a dental visit or oral health problem



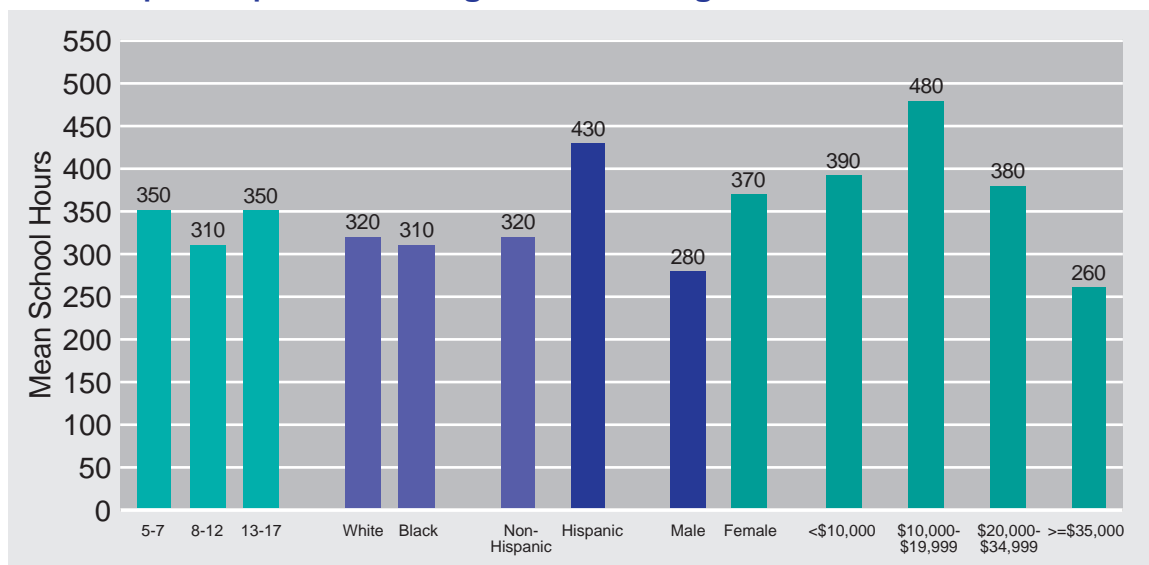
Source: Gift HC, Reisine ST, Larach DC. The social impact of dental problems and visits. Am J Public Health 1992;82(12):1663-8. Copyright © 1992, by the American Public Health Association.

Figure 17.1.3. Mean school hours lost due to a dental visit or oral health problem per 100 school-aged children



Source: Gift HC, Reisine ST, Larach DC. The social impact of dental problems and visits. Am J Public Health 1992;82(12):1663-8. Copyright © 1992, by the American Public Health Association.

Figure 17.1.4. Mean school hours lost due to dental visit or oral health problem per 100 school-aged children among those with missed hours



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